



# BAD CHECK CRIME REPORT

9/6/06

MICHAEL A. RAMOS

SAN BERNARDINO COUNTY DISTRICT ATTORNEY

FILE REPORTS BY MAIL TO: P.O. BOX 5887, SAN BERNARDINO, CA 92412-5887  
(postal address only)

MERCHANT HOTLINE: (800) 597-2644 ■ REFER CHECK WRITERS TO: (800) 361-7857

WEBSITE: [WWW.SBCOUNTY.GOV/DA](http://WWW.SBCOUNTY.GOV/DA)

**ALL FIELDS ARE REQUIRED.**

**TO PREVENT A DELAY IN FILING, PLEASE ENSURE ALL FIELDS MARKED WITH AN \* ASTERISK ARE COMPLETED.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN BELOW.**

1. Was check post-dated at time of acceptance? ☐ Yes ☐ No    4. Were you asked to hold or delay depositing the check(s)? ☐ Yes ☐ No  
2. Does this matter involve a two-party check? ☐ Yes ☐ No    5. Does the check involve an extension of credit? ☐ Yes ☐ No  
3. Was check received as payment on an account? ☐ Yes ☐ No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the District Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO," please complete this report, date and sign it and forward to the above mailing address.

**PRIOR TO SUBMISSION, A "COURTESY NOTICE" SHOULD BE SENT TO THE CHECK WRITER** (see sample notice on reverse side).

On what date did you send notice? \_\_\_\_\_ Please attach documentation. Certified mail fee: \_\_\_\_\_ Returned item fee: \_\_\_\_\_

<b>1</b> <b>SUSPECT</b>	Check writer's full name as written on check					
	Address(es)					
	City	State	Zip	Home Phone #	Other Phone #	

Staple Documents Here	Driver's License #	State	Expiration date	Other ID	
	How did you obtain the check writer's identification? <input type="checkbox"/> Driver's License <input type="checkbox"/> Police Report (# _____) <input type="checkbox"/> Check Cashing Card <input type="checkbox"/> Other _____			Do you need notification that this crime report has been accepted into the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate how you would prefer to be notified. <input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____	

<b>2</b> <b>CHECKS</b>	Check #	Date Received	Amount	What was check for?	Person Accepting Check (If person accepting check is no longer employed, please list manager's name.)	Can person ID check writer?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
List Additional Checks On Another Form And Attach						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3</b> <b>VICTIM</b> (person filing)  <b>*Required Field For Processing</b>	<b>*WERE YOU ASSESSED BANK CHARGE(S) FOR THE ATTACHED BAD CHECK(S)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, FILL IN AMOUNT OF BANK CHARGE PER CHECK \$ _____*</b> <i>Please note per California Penal Code 1001.65(c) you are eligible to be <u>reimbursed up to \$10 per check</u> for assessed bank charges.</i>			
	*Victim / Firm Name		*Phone	*Fax
	*Victim Address		*City	*State    *Zip
	*Name of person filing		*Email Address	
	*Address where check was accepted if different from the above address			

I understand that I must **NOT** accept restitution from the check writer after filing this report with the Bad Check Program. Initial here \_\_\_\_\_

**I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Person Filing

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Filed

## FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report with the San Bernardino County District Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The District Attorney's Office will seek full restitution for victims whenever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. "Restitution" refers to the face value of all checks listed in the report, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. **FILL OUT REPORT COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "COURTESY NOTICE", "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES). COPY ALL INFORMATION FOR YOUR RECORDS.**
- B. Mail this report directly to the San Bernardino County District Attorney Bad Check Restitution Program (address listed below).
- C. Once a report has been filed: **ALL restitution payments must be coordinated by the District Attorney's Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (800) 361-7857.

## AFTER FILING:

- A. If you do not receive restitution within 60 days, contact the District Attorney Bad Check Restitution Program.
- B. If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. **IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the report is not prosecutable, the check(s) will be returned at your request.

### SAMPLE "COURTESY NOTICE"

Date

Dear Check Writer:

You are hereby notified that a check numbered \_\_\_\_\_ in the face amount of \$\_\_\_\_\_, issued by you on \_\_\_\_\_ drawn upon \_\_\_\_\_ bank, and payable to \_\_\_\_\_, has been dishonored. You have 10 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the District Attorney for criminal prosecution.

Closing,

Your name / address

### MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:

*SAN BERNARDINO COUNTY DISTRICT ATTORNEY BAD CHECK RESTITUTION PROGRAM  
P.O. BOX 5887, SAN BERNARDINO, CA 92412-5887*

**www.sbcounty.gov/da**